

202001160032

01/16/2020 11:16 AM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

After recording, return to:

James R. Poitras
3918 Rockridge Parkway
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020161
JAN 16 2020

Amount Paid \$ 0
By *MJ* Skagit Co. Treasurer Deputy

RECORDING COVERSHEET

Document Title:	Personal Representative's Deed
Grantor:	JAMES R. POITRAS, Personal Representative of the Estate of Gwendolyn Wilda Finch, deceased
Grantee:	JAMES R. POITRAS, unmarried person
Abbreviated Legal:	LOT 10 ROCK RIDGE SOUTH PHASE 3
Assessor's Tax Parcel ID #:	P127680/4960-000-010-0000

PERSONAL REPRESENTATIVE'S DEED

THE UNDERSIGNED GRANTOR, JAMES R. POITRAS, as the duly appointed, qualified and acting personal representative of the Estate of GWENDOLYN WILDA FINCH, a/k/a GWEN W. FINCH, deceased, in Probate Cause No.19-4-00415-29 in Skagit County Superior Court of Washington and not in his individual capacity, and as authorized by order entered in the above entitled court to settle the Estate of GWENDOLYN WILDA FINCH without the intervention of any court, by this instrument hereby conveys and quit claims to JAMES R. POITRAS, an unmarried person, the following described real estate, situated in the County of Skagit, State of Washington:

LOT 10, "PLAT OF ROCK RIDGE SOUTH, PHASE 3" AS PER PLAT RECORDED JUNE 30, 2008 AS AUDITOR'S FILE NO. 200806300185.

This conveyance is subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey, as per Exhibit "A" attached hereto.

DATED this 8 day of January, 2020.



JAMES R. POITRAS,
Personal Representative of the
GWENDOLYN WILDA FINCH, deceased,
and not in an individual capacity

STATE OF WASHINGTON)
) ss.
COUNTY OF Grant)

On this day before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared JAMES R. POITRAS, to me known to be the personal representative of the Estate of GWENDOLYN WILDA FINCH, deceased, and acknowledged the foregoing instrument to be the free and voluntary act and deed of the estate for the uses and purposes therein mentioned, and on oath stated that he was authorized to execute the instrument on behalf of the estate.

SUBSCRIBED AND SWORN to before me this 8th day of January, 2020.



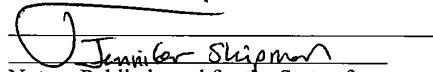

Notary Public in and for the State of
Washington, residing in Moses Lake
My Appointment expires: July 11, 2020

EXHIBIT "A"**EXCEPTIONS:****A. EASEMENTS, INCLUDING TERMS AND PROVISIONS THEREOF:**

GRANTEE: PUGET SOUND ENERGY INC., A WASHINGTON CORPORATION
 RECORDED: JULY 11, 2006
 AUDITOR'S NO.: 200607110101
 PURPOSE: "...UTILITY SYSTEMS FOR PURPOSES OF TRANSMISSION, DISTRIBUTION AND SALE OF GAS AND ELECTRICITY ..."
 AREA AFFECTED: A STRIP OF LAND 10 FEET IN WIDTH WITH 5 FEET ON EACH SIDE OF THE CENTERLINE OF GRANTEE'S FACILITIES AS NOW CONSTRUCTED, TO BE CONSTRUCTED, EXTENDED OR RELOCATED LYING WITHIN THE ABOVE DESCRIBED PARCEL

B. PROTECTIVE COVENANTS, EASEMENTS AND/OR ASSESSMENTS, BUT OMITTING RESTRICTIONS, IF ANY, BASED ON RACE, COLOR, RELIGION OR NATIONAL ORIGIN:

RECORDED: JANUARY 25, 2007
 AUDITOR'S NO.: 200701250001
 EXECUTED BY: ROCK RIDGE, LLC; ROCK RIDGE SOUTH, LLC; DG CONSTRUCTION, LLC; ANTHONY MALO, JR., CHRISTINE T. MALO, THOMAS GIACALONE AND LAURA GIACALONE

C. EASEMENTS, INCLUDING TERMS AND PROVISIONS THEREOF:

GRANTEE: PORT OF ANACORTES, A MUNICIPAL CORPORATION OF THE STATE OF WASHINGTON
 RECORDED: APRIL 3, 2002
 AUDITOR'S NO.: 200204030021
 PURPOSE: AVIGATION EASEMENT
 AREA AFFECTED: ALL PARCELS WITHIN SUBJECT PLATS

D. EASEMENTS, INCLUDING TERMS AND PROVISIONS THEREOF:

GRANTEE: PORT OF ANACORTES, A MUNICIPAL CORPORATION
 RECORDED: JULY 26, 2002
 AUDITOR'S NO.: 200207260099
 PURPOSE: GRANT OF AVIGATION EASEMENT
 AREA AFFECTED: ALL PARCELS WITHIN SUBJECT PLATS

E. PROTECTIVE COVENANTS, EASEMENTS AND/OR ASSESSMENTS, BUT OMITTING RESTRICTIONS, IF ANY, BASED ON RACE, COLOR, RELIGION OR NATIONAL ORIGIN:

RECORDED: JUNE 30, 2008
 AUDITOR'S NO.: 20086300184
 EXECUTED BY: ROCK RIDGE LLC

SAID COVENANTS AMEND OTHER COVENANT DOCUMENTS INCLUDING SOME SET FORTH HEREINABOVE.

THE COVENANTS SET FORTH BELOW STATE THAT THEY ARE A RE-RECORDING BUT DO NOT STATE THAT THEY ARE A RE-RECORDING OF 20086300184.

PROTECTIVE COVENANTS, EASEMENTS AND/OR ASSESSMENTS, BUT OMITTING RESTRICTIONS, IF ANY, BASED ON RACE, COLOR, RELIGION OR NATIONAL ORIGIN:

RECORDED: OCTOBER 30, 2008
 AUDITOR'S NO.: 200810300058
 EXECUTED BY: ROCK RIDGE LLC, ET AL

EXHIBIT "A"
Continued

F. MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING SURVEY:

NAME:	PLAT OF ROCK RIDGE SOUTH, PHASE 3
RECORDED:	JUNE 30, 2008
AUDITOR'S NO.:	200806300185
AFFECTS:	SUBJECT PROPERTY

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-045777

DATE ISSUED: 10/25/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GWENDOLYN WILDA
LAST NAME(S): FINCH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 18, 2019
HOUR OF DEATH: 12:18 PM
SEX: FEMALE AGE: 61 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 3918 ROCK RIDGE PARKWAY
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BURNABY, BC CANADA

FATHER: OLIVER MAX SADLER
MOTHER: MARGARET CLAR [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JAMES RUSSELL POITRAS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: SALES
INDUSTRY: STAFFING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: OCTOBER 21, 2019

INFORMANT: JIM POITRAS
RELATIONSHIP: HUSBAND
ADDRESS: 3918 ROCK RIDGE PARKWAY, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:

- A: ACUTE HYPOXIC RESPIRATORY FAILURE
INTERVAL: DAYS
- B: METASTATIC ADENOCARCINOMA OF LUNG WITH RECURRENT PLEURAL EFFUSIONS WITH TUMOR INVASION IN THE RIGHT MAINSTEM
INTERVAL: WEEKS
- C:
INTERVAL:
- D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: NAZIA A. CHAUDHRY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: OCTOBER 20, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NAZIA CHAUDHRY, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: OCTOBER 21, 2019



Affidavit for Correction

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This is a legal document. Complete in ink and do not alter.

Mail Room/Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number, Fee Number, Initials, Date, Affidavit Number

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

7. Return Mailing Address: PO Box or Street Address, City, State, Zip

Telephone Number: () Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: The record now shows: (8, 10, 12, 14) and The true fact is: (9, 11, 13, 15)

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: Printed name: Date: 16b. Signature of 2nd parent (if required): Printed name: Date:

INSTRUCTIONS -- go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Passport, Green/Permanent Resident card (I-551)

Birth Certificates

- 1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
3. Documentary proof must be five or more years old or established within five years of birth
Child under 18: If legal guardian(s), include certified court order proving guardianship; Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*; After age one, a court order is required to change the last name; No proof is required to change the first or middle name*; To correct parent's information, one documentary proof is required; To correct the sex of the child, one documentary proof from a medical provider is required
Adult (18 years or older): Only the adult can change his or her birth certificate; If the first or middle name is missing, three pieces of documentary proof are required; If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required; To correct parent's birth date, place of birth, or name, one documentary proof is required
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

OCT 25 2019

Signature of Howard Lebrand M.D., Health Officer



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